

# SHARE

STATE OF NEW MEXICO

DEPARTMENT OF FINANCE AND ADMINISTRATION

## Warrant/Voucher Information Sheet

989

VENDOR #

DATE 10/11/2012

Payee

\$ 705 00



Fund / Agency

000 66500

Document Number

AP 00311290

B4R

COD3

B4RCOD3

State of New Mexico  
Voucher Batch Report  
BusinessUnit 66500 Department of Health  
Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/FCD  
AsofDate 10/05/2012

Voucher Number	Vchr Line	VchrLineDescr	Dis r Account	Account	Fund	VendorName	1099	Accounting Period	PurchaseOrder	Invo ce Number	Total Amount
			Line#	Description			WithHold	Year	Month		
00311290	1	IS Meals & Lodging	1	542200 Employee I/S Meals & L	06101	MCGRATH BR 001		2013	10	0000093971 McGrath B 9 24	705 00
										Total For Voucher	705 00

705 00  
10 0 0 - 1007 00

AGENCY NAME New Mexico Department of Health

**- STATE OF NEW MEXICO  
ITEMIZED SCHEDULE  
OF TRAVEL EXPENSES**

PAGE 2 DATE 9/24/12

AGENCY CODE 66500

VOUCHER NUMBER 00311290

NAME <u>Brad McGrath</u>		CAR LICENSE NUMBER <u>GS02222</u>	POST OF DUTY <u>Roswell</u>	PROPOSED (ADVANCE VOUCHER) <input type="checkbox"/>
SOCIAL SECURITY NUMBER <u>[REDACTED]</u>		MODEL <u>Ford</u>	RESIDENCE <u>Roswell</u>	ACTUAL (RECOUPMENT VOUCHER) <input checked="" type="checkbox"/>
NORMAL WORK DAY <u>8am</u> TO <u>5pm</u>		YEAR <u>2011</u>		

DATE	TIME SHOW AM OR PM		CHARACTER OF EXPENDITURES ENTER DESTINATION NATURE OF OFFICIAL BUSINESS PARTY CONTACTED AND MISCELLANEOUS	ODOMETER READINGS		AMOUNTS			
	DEPARTURE	ARRIVAL		ENTER START AND FINISH	NO OF MILES	MILEAGE	PER DIEM	MISCELLANEOUS	TOTALS
9/24/12 ✓	7 00am		Depart Roswell to Santa Fe to meet with Cabinet Secretary Overnight Santa Fe rate applies*	State Vehicle			135 00 ✓		135 00 ✓
9/25/12 ✓			Overnight Santa Fe rate applies*				135 00 ✓		135 00 ✓
9/26/12 ✓			Overnight Santa Fe rate applies*				135 00 ✓		135 00 ✓
9/27/12 ✓			Overnight Santa Fe rate applies*				135 00 ✓		135 00 ✓
9/28/12 ✓			Overnight Santa Fe rate applies*				135 00 ✓		135 00 ✓
9/29/12		7 00pm	Depart Santa Fe to Roswell partial day per diem 12 0 hrs				30 00 ✓		30 00 ✓

PER DIEM IS BASED ON (CHECK ONE)

ACTUAL ☐

APPROVED RATES ☒

I certify that any payment sought on this voucher does not include reimbursement for alcoholic beverages. I further certify that no further payment will be sought for the travel/training covered by this voucher.

Employee Signature

Date

TOTALS

705 00 ✓

705 00 ✓

Advance Amount  
@ 80 /

Adjusted  
Reimbursement

☒ Check here if this claim is in compliance with the Nonroutine Reassignment provisions of the DFA regulations Governing the PerDiem and Mileage Act

1 Brad McGrath

do solemnly swear that the above claim for reimbursement is just and true in all respects and complies with the DFA Regulations Governing the PerDiem and Mileage Act.

PAYEE SIGN HERE X [Signature] 09/29/12

GENERATED BY DOH ITEMIZED version 1.0.3

LAST MODIFIED ON 09/28/2012 10:0

(1) DFA COPY (2) ACCOUNTING COPY (3) VENDOR REMITTANCE (4) ORIGINATOR COPY

111  
101

1  
1

1 1

1 1  
1










[New Window](#) | [Help](#) | [Customize Page](#) | [Summary](#) | [Invoice Information](#) | [Payments](#) | [Voucher Attributes](#) | [Error Summary](#)

Business Unit	66500	Invoice Number	McGrath B 9 24 9 29 12
Voucher ID	00311290	Invoice Date	10/02/2012
Voucher Style	Regular	Total	705 00

Vendor      MCGRATH BRADLEY K  
OFFICE OF FACILITIES MANAGEMENT  
SANTA FE NM 87502

\*Pay Terms      ☒ Pay Now      ☐ [Schedule Payments](#)

**Saved**

Payment Information		Find   View All		First	1 of 1	Last
Scheduled Payment		1		 		
*Remit to	  	Gross Amount	705 00	USD		
Location	001 	Discount	0 00	USD	<input type="checkbox"/> Discount Denied	
*Address	1 	Late Charge				
<div>MCGRATH BRADLEY K OFFICE OF FACILITIES MANAGEMENT 1190 S ST FRANCIS DR SUITE N 3059 SANTA FE NM 87502</div>		Scheduled Due	10/02/2012			
		Net Due	10/02/2012			
		Discount Due				
		Accounting Date				
<b>Payment Method</b>						
*Bank	WFB10	Pay Group				
*Account	B	*Handling	RE			
Method	CHK      Check	*Netting	N 			
Message						<a href="#">Messages</a>
Message will appear on remittance advice						

[New Window](#) | [Help](#) | [Customize Page](#) | [Summary](#) | [Invoice Information](#) | [Payments](#) | [Voucher Attributes](#) | [Error Summary](#)

Business Unit	66500	Invoice Number	McGrath B 9 24 9 29 12
Voucher ID	00311290	Invoice Date	10/02/2012
Voucher Style	Regular	Total	705 00

## Voucher Processing

<input checked="" type="checkbox"/> Post Voucher	<input type="checkbox"/> Close Voucher
<input checked="" type="checkbox"/> Revalue Voucher	<input type="checkbox"/> Delete Voucher

Saved

## Accounting Instructions

*Accounting Template	STANDARD 	Account At	Gross 
----------------------	--	------------	---

## Match Action

*Status	Ready 
<input type="checkbox"/> Pay UnMatched Voucher	

## Transaction Currency

*Source	Tables 	*Currency	USD 	Rate Type	CRRNT 	Exchange Rate	1 00000000
---------	--	-----------	---	-----------	---	---------------	------------

## Voucher Approval

*Approval	Specify at this Level	Business Process	PROCESS_VOUCHERS 
		Approval Rule Set	Payment Approval Rule Set 1 

## Self Billing Invoice

*SBI Num Option	Group Vouchers (Auto Nur	SBI Number
-----------------	--------------------------	------------

## Prepayment

Prepayment Reference	<input type="checkbox"/> Automatically Apply Prepayment	<input type="checkbox"/> Postpone Withholding
----------------------	---	---

## Letter of Credit

Letter of Credit ID	 
---------------------	---

## Tax Group